

### **Affidavit of Unmarried – Couples**

I the undersigned \_\_\_\_\_ holder of Identity Card \_\_\_\_\_ (the Student)

And - \_\_\_\_\_ holder of Identity Card \_\_\_\_\_

After being warned that we must state the truth or be liable to penalties under law, hereby declare as follows:

1. We manage a joint household and for all intents and purposes live as a couple.
2. Commencing from \_\_\_\_\_ (mandatory to complete) we share a joint apartment. (\* **at least 7 months before the date of signing on this Affidavit**). Presently, the address of our joint residence is \_\_\_\_\_.
3. If approval for living in a dormitory granted, I will live in the apartment that has been approved with my partner who has declared on the application for dormitories and this affidavit.
4. Should we split up, we are aware that we are required to inform the scholarship and housing department at the Graduate School (MSc and PhD students) / the main dormitories office (undergraduate students) in writing immediately, and we would be requested to leave our apartment in the dormitories without any commitment to receive other living quarters in the dormitories.
5. We are aware that the Technion relies on our declarations and on the basis thereof see us as a couple and if it becomes apparent that our declarations are untrue and/or incomplete or inaccurate, this would be sufficient to cancel the rights that we received from the Technion and would likely to be regarded as a disciplinary violation and compel the payment of agreed compensation for a false statement.

These are our names, our signatures and the contents of the affidavit are true.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- To attach a copy of the Identity Cards including the addendums of the couple.

### **Lawyer's Confirmation**

I \_\_\_\_\_ Lawyer, hereby confirm that \_\_\_\_\_ [name of the student] and - \_\_\_\_\_ [name of partner], identified by Identity Card number \_\_\_\_\_ and number \_\_\_\_\_, respectively, appeared before me on the \_\_\_\_\_ day of the month \_\_\_\_\_ year \_\_\_\_\_ and after being cautioned that any failure to declare the truth will be punishable by law, signed the above Affidavit.

Lawyer's Signature and Stamp \_\_\_\_\_

### **Affidavit of Acquaintances**

The following people know us and are able to testify that we stand by what has been said in the above mentioned affidavit.

#### 1. The First Acquaintance

I the undersigned \_\_\_\_\_ [to fill in the name + family name] holder of Identity Card \_\_\_\_\_, whose address is - \_\_\_\_\_, hereby declare that I am a neighbor/friend/work colleague/family/other [to circle] of \_\_\_\_\_ [name of the student] and \_\_\_\_\_ [name of partner] about - \_\_\_\_\_ years and to the best of my knowledge, I hereby confirm that, the contents of the above mentioned Affidavit are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 2. The Second Acquaintance

I the undersigned \_\_\_\_\_ [to fill in the name + family name] holder of Identity Card \_\_\_\_\_, whose address is - \_\_\_\_\_, hereby declare that I am a neighbor/friend/work colleague/family/other [to circle] of \_\_\_\_\_ [name of the student] and \_\_\_\_\_ [name of partner] about - \_\_\_\_\_ years and to the best of my knowledge, I hereby confirm that the contents of the above mentioned Affidavit are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- It will be impossible to complete the affidavit with respect to 2 acquaintances who know one partner only.

### **Lawyer's Confirmation to the Affidavit of Acquaintances**

I \_\_\_\_\_ Lawyer, hereby confirm that \_\_\_\_\_ and \_\_\_\_\_, identified by Identity Card number \_\_\_\_\_ and number \_\_\_\_\_, respectively, appeared before me on the \_\_\_\_\_ day of the month \_\_\_\_\_ year \_\_\_\_\_ and after being cautioned that any failure to declare the truth will be punishable by law, signed the above Affidavit.

Lawyer's Signature and Stamp \_\_\_\_\_